

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3							53		1				
4							54		1				
5							55		1				
6							56		1				
7							57		1				
8	1						58		1				
9		1					59		1				
10							60		1				
11		1					61		1				
12		1					62	1					
13		1					63	1					
14		1					64		1				
15		1					65		1				
16		1					66		1				
17	1						67		1				
18		1					68		1				
19		1					69		1				
20		1					70		1				
21		2					71		1				
22		2					72		1				
23		1					73		1				
24		1					74		2				
25		1					75		2				
26		1					76		2				
27		2					77		1				
28		1					78						
29		1					79						
30	1						80						
31		1					81						
32		1					82						
33		1					83						
34		4					84						
35		4					85						
36		4					86						
37		4					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		4					97						
48		4					98						
49		4					99						
50	1	4					100						
TOTAL IND.	6						TOTAL IND.	4					
TOTAL DEP.	98						TOTAL DEP.	83					
TOTAL CLAIMS	104						TOTAL CLAIMS	87					